2007 HPG APPLICATION FORM (4-pages)

Historical Promotion Grants (HPG) Program - Clark County, Washington

The Historical Promotion Grants Program (HPG) promotes historical preservation or historic programs in Clark County in order to increase knowledge, educate, and better preserve, exhibit, and interpret historical collections.

Application Deadline: August 25, 2006

Project/Program Title:	Organization:				
Mailing Address:		Zip:			
Contact Person:	Title:	Phone: ()			
E-mail:					
Organization Web Site Address:					
Amount Requested: \$ Total Project Cost: \$ "Amount Requested" is amount of grant money requested from HPG, while "Total Project Cost" is for the full cost of the project beyond HPG funding.					
Is this for a multiple-year project/program (i.e. If a multiple year grant is approved, subsequent year grants will	•	Yes 🔲 No 🗖			
Project/program timeframe: From Date: _	To Date	»:			
Authorized Signature (required):	D	ate:			

APPLICANTS MUST ALSO SUBMIT THE FOLLOWING:

- ***** HPG Supplemental Forms, including:
 - (1) Organizational Description (with attached board of directors information);
 - (2) Budget form (with attached organization's current budget); and
 - (3) Budget Narrative.
- # If applicant is a nonprofit, copy of applicant's 501(c)(#) IRS letter of determination.
- * Provide a brief (no more than one page) overview of the proposed project or program and how it will increase awareness, educate, better preserve, exhibit, and/or interpret local history to the benefit of Clark County residents. Please focus on specific objectives, benefits, funding resources, partnerships, publicity/marketing plan, success evaluation criteria, etc., as they align with the purpose, educational value, professional value, ADA compliance, and/or other management issues that will be addressed by this project or program.

PLEASE NOTE: In completing your application, please recall that the legislative purpose of this program is to "promote historical preservation or historical programs, which may include preservation of historical documents."

Send SIX (6) copies of completed application materials via U.S. mail, or hand deliver, by the deadline date to:

Clark County Board of Commissioners P.O. Box 5000 (1300 Franklin Street) Vancouver, WA 98666-5000 Attn: Kelly Sills, Policy Assistant

360/397-2232

kelly.sills@clark.wa.gov

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SUPPLEMENTAL FORM: ORGANIZATIONAL DESCRIPTION

Abbreviated Mission Statement:	
Concise History of Organization's Existence (tw	o or three sentences is fine):
	applicant Organization's Board of Directors*:ard of Directors, terms of office, affiliations, and contact information
No. Full-Time Staff: No. Part-Time Staff	f: No. Unpaid Volunteers: No. Vol. Hours:
Primary Demographics Served:	
Primary Geographical Area Served:	
Brief Overview of Current Historical Preservation	on/Promotion Activities:
Type of Service(s) Provided:	
Top 3 ORGANIZATIONAL revenue sources fro	om prior fiscal year and percent of total orgl. revenues:
Source 1.	Percent of Total Revenue:%
Source 2.	Percent of Total Revenue:%
Source 3.	Percent of Total Revenue:%
Top 3 ORGANIZATIONAL expenditure catego	ries from prior fiscal year and percent of total orgl. expenses:
Source 1.	Percent of Total Revenue:%
Source 2.	
Source 3.	Percent of Total Revenue:%

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SUPPLEMENTAL FORM: BUDGET*

*Attach a copy of applicant or Name of Project/Program:		-	ni jiscai year	
Primary External Funding Partner			luding Clark Cou	nty):
Partner:				Phone: (
				Phone: (
		Contact Name: Contact Name:		
Partner:	C			_ Phone: (
The following cost information pe	ertains <u>ONLY</u> to the	e project/program	referenced above	
	LIDO	Ammliaant	External	Tatal
	HPG Fundad	Applicant Funded	Partner	Total
	Funded	runaea	Funded	Cost
Staff Costs (aggregate):		<u> </u>		
Salaries/Wages				
Benefits				
Consultant Fees				
Training				
Travel Total Staff				
i otai Staii		<u> </u>		
Materials, Supplies, Equipment Co	sts (itemize):			
Total MSE				
Services (itemize):	,			
lei vices (iternize).	1			
Total Services				
Other (itemize):				
(110111120).				
Total Other				
	<u> </u>	<u> </u>	<u> </u>	
Construction Costs (aggregate):				
Construction Materials				
Construction Labor				
Property Acquisition				
Permits/Fees/Taxes				
Other Construction Costs				
Total Construction				
65 AND TOTAL		<u> </u>		
GRAND TOTALS				
Percentages	%	%	%	100%

Budget Narrative:
Success Evaluation Criteria – How will you quantify and measure the successfulness of this project/program?:
Describe Staff Costs:
Describe Materials, Supplies, Equipment Costs:
Describe Services Costs:
Describe Other Costs:
Describe Construction Costs:
Describe Cost Saving Alternatives That Have Been Considered:
If intend to seek multiple years of HPG grant funding for this project/program, please explain reason* *If first year grant is approved, subsequent year grants will still require a new application each year.